Medical Specialty Solutions Program
Frequently Asked Questions (FAQs)

Question	Answer
GENERAL	
Why is Presbyterian Health Plan implementing a Medical Specialty Solutions (MSS) program?	Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) have entered into an agreement with National Imaging Associates, Inc. (NIA), an affiliate of Magellan Healthcare, Inc. to implement NIA's MSS program. This program will replace HealthHelp for prior authorization of certain radiology procedures.
Why did Presbyterian select NIA Magellan (NIA) to manage its MSS program?	NIA Magellan was selected to partner with Presbyterian Health Plan because of their clinically driven program designed to effectively manage the quality and patient safety while ensuring appropriate utilization of resources for Presbyterian membership.
Which Presbyterian members does the program impact and what networks will be used?	This program applies to all Presbyterian Commercial, Medicaid, and Medicare Advantage products, as well as participating providers in Presbyterian's network who render and refer services specified under the MSS program. Certain ASO groups may also be impacted.
PRIOR AUTHORIZATION	
What is the effective date for the new authorization requirements?	Effective October 1, 2016.
Which advanced diagnostic imaging procedures require providers to obtain a prior authorization through the MSS	The program will require prior authorization for the following non-emergent, advanced diagnostic imaging, outpatient services: • Computed tomography (CT)/Computed tomography

program?	angiography (CTA).
	• Magnetic resonance imaging (MRI)/Magnetic resonance angiography (MRA).
	• Positron emission tomography (PET) scan.
	• Coronary computed tomography angiography (CCTA).
	• Myocardial perfusion imaging (MPI).
	• Muga scan.
	• Stress echocardiography.
	• Echocardiography.
	Services performed in the following settings do not require authorization through the MSS program:
	• Inpatient.
	• Observation.
	• Emergency room.
	• Urgent care.
	While inpatient and observation services do not require prior authorization through the MSS program, some may require prior authorization from Presbyterian. In addition, musculoskeletal procedures and elective spine surgery performed in inpatient and outpatient settings do require prior authorization through the NIA Spine Management program (effective Jan. 1, 2015). Emergency room and urgent care facility procedures, however, do not require prior authorization from the MSS program or Presbyterian. Please refer to Presbyterian's authorization guide for more information.
	If an urgent/emergent clinical situation exists outside of a hospital emergency room, please call 1-866-236-8717 immediately with the appropriate clinical information for an expedited review (excluding spine surgery).
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is an authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.

Can a chiropractor order images?	Yes.
Are routine Imaging services a part of this program?	No.
Are inpatient diagnostic imaging (MR, CT/CCTA, PET) procedures included in this program?	No. Certain inpatient procedures, however, may require prior authorization from Presbyterian. You can find which inpatient procedures require a prior authorization from Presbyterian online at www.phs.org.
Is prior authorization required for advanced diagnostic imaging services performed in the emergency room?	No. Services performed in the emergency room do not require prior authorization from the MSS program or Presbyterian.
How does the ordering provider obtain a prior authorization from the MSS program for an outpatient diagnostic imaging service?	Providers can request prior authorization online at https://www1.radmd.com/radmd-home.aspx or by calling NIA's call center at 1-866-236-8717.

What information is required in order to receive prior authorization?	To expedite the prior authorization process, please refer to the specific required documentation for each advanced diagnostic imaging service. Have the following information ready before logging into the RadMD website or calling the call center:
	
	 • Name and office phone number of ordering physician.
	
	 • Member name and ID number.
	
	 • Requested examination.
	
	 • Name of provider office or facility where the service will be performed.
	
	 • Anticipated date of service.
	
	 • Details justifying examination:
	     o Symptoms and their duration.
	     o Physical exam findings.
	     o Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications).
	     o Preliminary procedures already completed (e.g., x-

rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation).

- o Reason the study is being requested (e.g., further evaluation, rule out a disorder)

Please be prepared to provide the following information, if requested:

- Clinical notes.

- X-ray reports.

- Previous related test results.

- Specialist reports/evaluations.

- Ultrasound reports.

To assist in collecting information for the authorization process, you may access the specific medical specialty, prior authorizations, and treatment plan checklists at https://www1.radmd.com/radmd-home.aspx.

Can a provider request more than one service at a time for a member?	Multiple authorization requests can be handled at one time. Separate authorization numbers will be issued by for each service that is authorized.
What kind of response time can ordering providers expect for prior authorization?	Generally, a determination will be made within two business days after receipt of request with full clinical documentation. In certain cases, the review process can take longer if additional clinical information is required to make a determination.
What does the authorization number look like?	The authorization number consists of 10 alpha-numeric characters. In some cases, if the provider's authorization request is not approved at the time of initial contact, then the ordering provider may receive a tracking number instead. Providers can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization online through RadMD and the request pends, what happens next?	You will receive a tracking number and a representative will contact you to complete the process.
Can RadMD be used to request an	No, you will need to call NIA's call center for expedited

expedited authorization request?	requests.
What happens if a patient is authorized for a service and the provider feels an additional study is needed?	If the provider feels that, in addition to the service already authorized, an additional service is needed, please call 1-866-236-8717 immediately with the appropriate clinical information for an expedited review.
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If the process is initiated, then a representative will follow up with the ordering physician to complete the process.
If a provider obtains a prior authorization number, does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications, and will be determined when the claim is received for processing.
Does MSS program allow retro-authorizations?	Yes, but only in an emergent situation that meets specific criteria. However, it is important that rendering facility staff know the prior authorization requirements. Claims for the following non-emergent services will not be reimbursed if they have <u>not</u> been properly authorized: • CT/CTA. • MRI/MRA. • PET scan. • CCTA. • MPI. • Stress echocardiography. • Echocardiography. • Musculoskeletal procedures. The rendering facility **<u>should not</u>** schedule services without prior authorization.
What happens if I have a service scheduled for October 1, 2016?	An authorization can be obtained for all advanced diagnostic imaging services for dates of service beginning October 1, 2016. Presbyterian will work with the provider community on an ongoing basis to continue to educate

	providers about authorization requirements.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to https://www1.radmd.com/radmd-home.aspx.
Will the authorization number be displayed on the Presbyterian website?	No.

SCHEDULING SERVICES	
How will advanced diagnostic imaging services be managed?	Presbyterian has entered a partnership with National Imaging Associates, Inc. (NIA), an affiliate of Magellan Healthcare, Inc. to manage the authorizations of advanced diagnostic services and musculoskeletal procedures.
Do providers need to know the exact date of service when requesting a prior authorization?	With the exception of spine surgery, the exact date of service is not required.
Do providers have to obtain an authorization before the services are rendered?	Yes, prior authorization must be obtained before rendering services.

WHICH MEDICAL PROVIDERS ARE AFFECTED?	

Which medical providers are affected by the MSS program's authorization requirements?	Any provider who orders non-emergent, advanced diagnostic imaging services in an outpatient setting. Ordering providers will need to request a prior authorization, and the rendering providers will need to ensure there is an authorization number to bill the service.
	
	 • Ordering providers, including primary care providers (PCPs) and specialty care providers.
	 • Delivering/servicing providers who perform Medical Specialty Solutions Services at**:
	     o Freestanding diagnostic facilities.
	     o Ambulatory surgical centers.
	     o Hospital outpatient diagnostic facilities.

| | o Provider offices. |
| | o Radiation treatment facilities. |

CLAIMS RELATED

Where do providers send their claims for outpatient, non-emergent?	Providers should continue to send claims to the address indicated on the back of the Presbyterian member ID card. Providers are also encouraged to follow their normal Electronic Data Interchange (EDI) claims process.
How can providers check claims status?	Providers should check claims status on the Presbyterian website at: https://www.phs.org/provider.
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Presbyterian. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

MISCELLANEOUS

How is medical necessity defined?	Medical necessity is described as a service that: • Meets generally accepted standards of medical practice; is appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards. • Is appropriate to the illness or injury for which it is performed as to type of service and expected outcome. • Is appropriate to the intensity of service and level of setting. • Provides unique, essential, and appropriate information when used for diagnostic purposes. • Is the lowest cost alternative that effectively addresses and treats the medical problem; and is rendered for the treatment or diagnosis of an injury or illness. • Is not furnished primarily for the convenience of the member, the attending physician, or other provider.
Where can a provider find Clinical	Clinical Guidelines for the MSS program can be found online at https://www1.radmd.com/radmd-home.aspx. The guidelines are

Guidelines for the MSS program?	presented in a PDF file format that can easily be printed for future reference. The guidelines have been developed from practice experiences, literature reviews, specialty criteria sets, and empirical data.
Will the Presbyterian member ID have any information regarding NIA Magellan on it?	No, the Presbyterian member ID card will not contain any information regarding NIA Magellan.
What is an Optical Character Recognition (OCR) fax cover sheet?	An OCR fax cover sheet automatically attaches incoming clinical faxes to the appropriate case in NIA's clinical system. It is strongly recommend that ordering physicians/providers print an OCR fax cover sheet from https://www1.radmd.com/radmd-home.aspx or by calling 1-866-236-8717. The cover sheet can also be faxed to the ordering physician/provider during authorization intake or at any time during the review process. By prefacing clinical faxes with an OCR fax cover sheet, the ordering physician/provider can ensure a timely and efficient case review.
CONTACT INFORMATION	
Who can a provider contact for more information regarding the MSS program?	Providers can contact NIA Magellan's Provider Relations Manager Kevin Apgar at 916-859-5080.